

# NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.  
 Completely fill in one circle.  
 Print legible numbers and block letters, no script.

**COMPLETE ALL SECTIONS**  
 before submitting or form will be returned.

## I Reporting Information

Year: 2013

Fill in circle if amendment ☐

Report Period: ☒ January/June ☐ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number: 1034

FOR OFFICE USE ONLY

*Amendment*  
 Cjn RECEIVED JUL 18 2013  
 amended to include SDF  
 132239 IVC:844  
 CH# 1034 50 - XI:CAO

## II Client Information

Name: NEW YORKERS FOR FAIR AUTO INSURANCE REFORM, INC

Permanent Business Address: 11 Grace Avenue

City: Great Neck

State: NY

ZIP code: 11021

Business Phone: 516-829-0363

Fax Number:

Third Party Beneficiary (see instructions):

## III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

**A** Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Malkin & Ross

Phone Number: 518-449-3359

Address: 80 State Street, 11th Floor

City: Albany

State: NY

ZIP code: 12207

Compensation for current period: \$25000 .00

**B** Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .00

**C** Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .00

☐ Continued on attached pages

**D TOTAL COMPENSATION** of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$25000 .00

**IV Other Expenses (Current Semi-Annual Period Only)**

A Report in the aggregate all expenses less than or equal to \$75:	\$ 0	.00
B Report in the aggregate all expenses for salaries of non-lobbying employees:	\$ 0	.00
<b>C Itemize each expense exceeding \$75:</b>		
PAID TO: Malkin & Ross	DATE: 06 / 30 / 13	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: Reimbursed Expense	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT		
<hr/>		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
D Total expenses for current period:	\$844	.00 (if applicable, include all expenses from attached pages in total)

**V Source of Funding Disclosure**

**Instructions:** In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

**Contribution(s) from Single Source #1**

Single Source Entity's Name: Israel, Israel &amp; Purdy, LLP

or  
Single Source Person's Last Name: First Name:

Address: 11 Grace Avenue, Suite 111

City: Great Neck State: New York ZIP code: 11021

Phone: 516-829-0363

Date Contribution Received: 06 / 05 / 2013 Amount of Contribution: \$ 13076 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contribution(s) Single Source #2**

Single Source Entity's Name: Baker Sanders

or  
Single Source Person's Last Name: First Name:

Address: 100 Garden City Plaza

City: Garden City State: NY ZIP code: 11530

Phone: 516-741-4799

Date Contribution Received: 06 / 05 / 2013 Amount of Contribution: \$ 5000 .00

Date Contribution Received: 06 / 20 / 2013 Amount of Contribution: \$ 8076 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐



## V Source of Funding Disclosure

### B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.

#### Contributions from Single Source #1

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

**Check here if using section V(C) of the Addendum for additional Contributions:**        ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

**Check here if using section V(C) of the Addendum for additional Contributions:**        ☐

**Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:**        ☐

#### Contributions from Single Source #2

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

**Check here if using section V(C) of the Addendum for additional Contributions:**        ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

**Check here if using section V(C) of the Addendum for additional Contributions:**        ☐

**Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:**        ☐

**Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions:**        ☐

**VI** Subjects lobbied:

NO FAULT AUTO INSURANCE; POSSIBLE NYS  
ASSEMBLY HEARING ON NO FAULT AUTO INSURANCE

☐ Continued on attached pages

**VII** Person, State Agency, Municipality or Legislative Body lobbied:

NYS SENATE & ASSEMBLY

☐ Continued on attached pages

**VII** Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

☐ Continued on attached pages

**VIII** Title and Identifying Numbers of procurement contracts/documents lobbied:

☐ Continued on attached pages

**IX** Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

☐ Continued on attached pages

**X** Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

☐ Continued on attached pages

**XI Declaration**

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

**I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.**

**X** SIGNATURE: 

DATE: 07/15/13

PRINT NAME: LAST Purdy

FIRST William

TITLE: Treasurer

Mark One: ☐ Chief Administrative Officer ☒ Designee(Attach Letter)

**The following MUST be attached to this report at the time of submission:**

--You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)

--If applicable, a designation letter if you have marked designee in section XI.

--If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

**PLEASE NOTE** You may be assessed up to \$25 for each day this report is late.